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Baby and Mother Welfare Work in India

By

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A revision of the leaflet, "The Mission Station as a Social Settlement," by the author.

The Woman's Foreign Missionary Society
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From the Women of the East to the Women of the West

O women of the West that hear not,
O women dwelling in the blessed light,
O women of the West that fear not
The darkness deepening into endless night:

By lives that end when yours are just beginning,
By babes that perish in our helpless hands,
By mother joys we have no hope of winning,
By nameless horrors which our law commands,

By hands stretched out unto the god that heard not,
By prayers that never rose above the earth,
By eyes uplifted to the skies that stirred not,
By hope that perished in convulsive birth—

O women, dowered with wealth of love and power,
'Tis thus we call you, 'tis no fancied need.
By lives that perish—hundreds every hour—
In name of Him who died, O come with speed!

—Selected.

Baby and Mother Welfare Work in India

BY MARY RIGGS NOBLE, M. D.

INDIA may be lagging seriously behind, so far, in widespread welfare movements, as they are conceived in America, yet some of the most telling beginnings have been made by Mission Hospitals in life-saving efforts, in addition to the regular work of healing the sick. Infant mortality and the puerperal death-rate are appallingly high. No statistics are available, but a recent estimate placed the baby death-rate at fifty per cent. Infanticide is widely practiced still, because of the undesired girl-baby and the poverty that is a sound argument against having an extra mouth to fill.

The account of our starting mid-wifery training among the Dhais (hereditary midwives) in Ludhiana shows how persistence and determination won us a long-desired influence among those in whose unclean and skilless hands lay the fate of so many mothers and babies.

Ever since the opening of our Hospital there, it had been the desire of those who have the welfare of mother and child at heart

to train these so-called "mid-wives," whose ignorance is so crass, and whose practices are so appalling, and at whose door lies the responsibility, therefore, for hundreds of deaths every year. And what is true of our one city is true of all India.

The "Indigenous Dhai" is a horror! In Ludhiana we had made attempt after attempt to lure her into our midwifery classes, to teach her the necessity of cleanliness and a few Western methods. This trade is passed down from mother-in-law to daughter-in-law for generations back. As very young women they had begun to act as mid-wives, and they persistently spurned any suggestion of ours that they should learn better ways. It is held that babies and mothers perish because fate decrees it, not because of anything *they* do or omit to do. If fate determines their survival, why learn a better method? Talking and agitation and persuasion were of no use. Even the Deputy Commissioner was asked if he could not co-operate, and compel the women to come and learn. He would gladly have done so, but felt that it was not his place to step in. Almost as a last resort, it was decided that some of the prominent men of the city should be interviewed, and told that their wives and daughters need not run such risks. But it was "custom," and they could not ask their families to change or suggest the mid-wives breaking over this everlasting barrier.

Yearly the Inspector-General of Civil Hospitals asked if we had got hold of any of these women. We had others in our classes, Mohammedan and Christian women, learning modern midwifery. The Inspector finally asked us if it would be a feasible thing to try and *hire* the women to come and learn. Lady Curzon had been extremely interested in raising a fund to promote the training of Dhais, and the Inspector suggested the possibility of our being able to get a grant from this fund. Following this plan, a short three months' course was outlined, and with the financial petition attached, was sent up to Government. Our own institution had not money enough to finance such a scheme, even though it would not take much, for we are very much in the fashion—we are poor.

It took six months for the papers to pass through the proper channels, and when at last we had word that the approval and sanction of Government was about to be bestowed, it was just as the thermometer was getting highest, when our supply of physical strength was getting lowest, and the staff short in numbers. However, we could not wait. We went down first to the quarter of the city where the mid-wives live, to have a talk with them, and we found, to our surprise, a fair number of bright-looking young women. We somehow had the feeling that old women would be all that we could hope to get hold

of at first, anyway. Oftentimes when we were called to cases, as a last resort, the baby perhaps dead, and the mother dying, it was almost invariably a poor *old* woman who sat at the head of the bed sulking because we had been summoned. I have felt that it was probably because the younger ones were smart enough to run away before we got there; but angry though the old ones were, *they* would sit tight. Going down for our first interview, there were both young and old ready to listen, because we could mention the name of Government and because we could say "money." They were to be paid for each lesson, were to have an additional money prize at the end if they passed the simple examination to be given by the Civil Surgeon, besides the certificate signed by Government after the surgeon passed them. All this seemed to be very tempting bait! They were inclined to consider coming to the class, but they averred they could not possibly think of coming up to the Hospital; it was too far. And further, they could not have the class in the cooler parts of the day—they were apt to be busy with their cases then. When the thermometer is standing at 110° to 120° in the shade, three o'clock in the afternoon in India is not conducive to real personal comfort apart from a *pankah*. However, since that was the hour they chose, heat and a little mud room must not interfere with this first venture.

After several interviews and much discussion, everything looked ready and the day was set, and as a last reminder the orderly was sent around the night before to give the final word. Dr. Brown went down, hoping that at least half a dozen of the women would be there. Not a single Dhai turned up! Afraid to break away from "custom." Another day appointed, another journey down in the heat, and this time one young woman dared. She turned out afterward to be almost, if not quite, the brightest one in the class. She went away after the lesson with the silver piece in her hand. Next day two more came, and then they poured in, till we had fifteen women. We woke to find ourselves popular with the Hereditary Dhai. We had to limit the class when the fifteenth had come, for they were such a noisy, inattentive lot. It was not midwifery they were so keen to learn, but to have a harmless hour of fun and the pay. The joking and the laughter and general pandemonium, with nothing serious doing, characterized those first days, but patience and some artful measures for securing interest won out.

Two chief aims were uppermost in our minds: to teach them cleanliness, and how to recognize a difficulty they could not manage. Cleanliness first. How to get the idea of a *germ* into a Panjabi woman's mind! We hit upon the device of taking down a magnifying

glass for them to play with, and it was a masterly stroke. They passed this acceptable plaything from hand to hand, examining everything, and then they listened while it was explained that stronger and stronger lenses showed smaller and smaller objects, till things not seen by the eye alone could be seen with the glass. We had also a colored chart, with pictures of some dozens of germs, and among them the easily-remembered tack-headed bacillus of lock-jaw, a disease which they often see after confinement. From this we passed to the necessity of clean hands and the use of antiseptics, and the idea seemed really in, and what was more, their attention had been gained. They listened now, and the smarter ones, who really began to want to learn, often grew impatient with the others, who still kept up their noisy fun.

Real progress was being made. Of course, they had a big foundation, in a way, to build upon, a large practice, and enough normal cases, in spite of their ignorance and dreadful ways of managing, to make them familiar with a certain number of the commonest facts. What was needed was to classify and clarify their worth-while knowledge, and make things hang together for them, and elucidate what lay behind outward manifestations. We must needs give them a revelation or two as to anatomy and nature's methods. The pelvic bone was to them an undreamt-of factor in

the birth process. Babies survived or perished because fate decreed it so, not because a bone's shape ever made any difference.

I had the particular enjoyment of teaching this class for three weeks in Dr. Brown's absence, a three weeks' experience I would not exchange for any like period of time while I was in India. Soberness and some zeal for learning had taken the place of the early pandemonium, and I shall never forget the day when I first brought out the manikin. They were ready for a new "revelation." When the manikin was taken from its case and the little chamois skin baby was put through the movements of birth, there was an absolute silence in the room. Every eye was riveted on the matter in hand. You might have heard a pin drop. Here was a further glimpse of nature's method and system. They could hardly wait their turn to show that they could do the demonstration.

And so on to the end of the short three months' course. Each Dhai was required to demonstrate twenty-five cases before she could go up for her examination to the Civil Surgeon. She had to take some one of us with her to see her do it according to our ways, and we helped our own work here especially by getting her as often as possible to take our students to cases in order to help them get the required number which they each had to attend before they could be said to have com-

pleted their obstetrical course. When the Dhais went up for their tests, all but two or three of them passed. We had counted on the failure of some, for whilst most of them were young, there were some who were not, but who were recognized as the real aristocrats of the profession, and they served to give a tone to the class.

Our mid-wifery practice up to this time had amounted to almost nothing. The number of cases in a year was insignificant, considering the size of our city and the populousness of the surrounding district; perhaps less than a hundred cases, all told. A large number of them were abnormal, including the worst procedures known to obstetrical surgery. In the first six months, after we got hold of the Hereditary Dhais, our practice jumped to over four hundred cases. And this included some grave difficulties recognized by the mid-wife herself, and brought to us before it was too late. The first Caesarian Section from the city was brought in by one of our newly-trained women, and mother and baby both lived. We had had similar cases from the villages, but never from our own city. To celebrate the event, a Persian poem was written by one of the gentlemen of the town, and poem and baby and mother were all exhibited at our next fête.

The subsequent history of the mid-wifery classes was not one of uneventful smoothness.

Possibly because of the jealousy of the older "practitioners" and their secret connivance to keep younger and less hostile women from attending, it became increasingly difficult to get and hold the women. We never could put our fingers exactly on the difficulty. We grew very unpopular.

However, in 1911, the "city fathers" themselves undertook to require every Dhai in the city to receive instruction, and orders were issued, accordingly, for them all to register at the Hospital for the class work. A bewildered number of elderly bodies came those first days of the compulsion, protesting that they did not know why they had to come and give in their names. Slowly the teaching got to be more satisfactory again. The women came to us instead of our having to go to them, and examinations and certificates are now regularly and satisfactorily given. Often mother-in-law and daughter-in-law are in the same class, the older women bringing the younger—a very hopeful feature.

May the day not be far distant when every woman aspiring to practice mid-wifery in Ludhiana will be regarded by her colleagues as qualified only if she has had "the Miss Sahib's training," and when her patronage by the city women will depend upon her being one of the "Miss Sahib's Dhais!"

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